LIBRARY

With the Compliments
of the Medical Officer
of Health

HEALTH
27SEP44
O.R. 29

# BOROUGH OF LEIGH

# ANNUAL REPORT

OF THE

# Medical Officer of Health

FOR THE

Year 1943

Collins & Darwell, Printers, Leigh.

BOROUGH OF LEIGH

# ANNUAL REPORT

OF THE

# Medical Officer of Health

FOR THE

Year 1943

Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

https://archive.org/details/b29726955

# BOROUGH OF LEIGH, 1943.

## HEALTH COMMITTEE

*Chairman :*

Councillor T. R. GREENOUGH, M.A., F.I.C., J.P. (resigned 27/4/43).

Councillor T. HOURIGAN (appointed 27/7/43).

*Deputy Chairman :*

Councillor W. SEDDON

His Worship the Mayor (Councillor W. Kearney, J.P.)

Ald. W. Collier, J.P.
,, N. Fairhurst, J.P.
,, W. Grundy, J.P.
,, W. Higenbottam, J.P.
,, W. Hindley, J.P.
,, J. L. Prescott, J.P.
Coun. F. Bamford
,, W. Blackshaw, J.P.

Coun. C. H. Bratt
,, H. Gough, J.P.
,, T. Haseldine
,, J. Horrocks, J.P.
,, T. Hourigan
,, Rev. R. J. King
,, T. Lowe, J.P.

## MATERNITY AND CHILD WELFARE COMMITTEE :

*Chairman :*

His Worship the Mayor (Councillor W. KEARNEY, J.P.)

*Deputy Chairman :*

Councillor T. LOWE, J.P.

Ald. N. Fairhurst, J.P.
,, J. L. Prescott, J.P.
Coun. F. Bamford
,, T. Battersby
,, H. Gough, J.P.

Coun. E. Green
,, T. R. Greenough, J.P.
,, J. Parr
,, W. Woolstencroft

*Co-opted Members :*

The Mayoress (Mrs. Kearney)

Mrs. Fairclough
Mrs. Blackshaw

Mrs. Lowe
Mr. H. Warburton

## BOROUGH OF LEIGH

---

## STAFF OF PUBLIC HEALTH DEPARTMENT.

*Medical Officer of Health and School Medical Officer :*

H. J. PETERS, M.B., B.S., B.Hy., D.P.H.

*Assistant Medical Officer of Health and Assistant School Medical Officer :*

M. S. MILLER, B.A., M.B., B.Ch., D.P.H. (resigned 16/3/43).

B. HOWARTH, M.B., Ch.B. (appointed 1/6/43).

*Senior Sanitary Inspector, Inspector under Canal Boats Acts, Rodent Officer:*

†H. CLUSKY.

*District Sanitary Inspectors :*

†*T. Hailwood. †*J. Mather. †*G. Keaveny.

†Cert S.I.B. *Qualified Meat and Other Foods Inspector.

*Health Visitors and School Nurses :*

†‡A. B. Belyea (resigned 27/1/43). *†‡E. Humphreys (appointed 1/3/43).
*†L. M. Goulden *†‡M. Meacham (resigned 19/11/43).
*†‡J. M. Stables (resigned 17/12/43) †M. Smith

*Maternity Home Staff :*

*†S. J. Storey (Matron) *†T. C. Hall (Sister)
*†A. Bradley (Staff Nurse, resigned 31/1/43)
*†M. A. Hill (Staff Nurse)
†E. M. Shepherd (Staff Nurse) and seven temporary Staff Nurses.

*Municipal Midwives :*

*†A. Ashworth (resigned 11/11/43) †A. Gibbon †M. E. Makin
†A. Humphreys (appointed 1/4/43) *†E. Mercer

*War-time Nursery*

*†Miss A. Bradley (Matron) Miss K. Speakman (Deputy Matron)

*Puerperal Fever Nurse :*

*Mrs. Dickenson

*State Registered Nurse. †Central Midwives' Board Certificate.
‡ Health Visitor's Certificate.

*Consultants (Part-time) :*

K. V. Bailey, M.C., M.D., M.R.C.P., F.R.C.O.G.................Obstetrician
G. E. Hayward, M.B., M.R.C.S.................Ear, Nose and Throat Surgeon
J. Holt, M.R.C.V.S.........................................................Veterinary Surgeon

*Clerical Staff :*

S. Cunningham (Senior) Gladys M. Stone
(Joined H.M. Forces Nov., 1943) (Joined H.M. Forces Dec., 1942)
Hilda M. Dixon Helen Mulrooney Doris Cunningham

The clerical staff also performs the clerical work of the School Medical Services.

Public Health and School Medical Dept.,
Town Hall,
Leigh,
Lancashire,
August, 1944.

*To the Chairmen and Members of the Health and
Maternity and Child Welfare Committees.*

Messrs. Chairmen, Ladies and Gentlemen,

I have the honour, as Medical Officer of Health, to present my Annual Report for the year 1943.

The late Councillor T. R. Greenough resigned his Chairmanship of the Health Committee in April, 1943. At the time of his resignation he had been Chairman for a continuous period of nearly 17 years. Councillor T. Hourigan was appointed to succeed him.

The year has witnessed many developments fundamental to progress in public health. One of outstanding importance was the United Nations Food Conference held at Hot Springs, Virginia, to consider "freedom from want in relation to food and agriculture." It was attended by representatives of 44 nations and was the first occasion on which a matter of this character had been the subject of international action on a large scale. The conference was an illustration of the wider assent that has been given in recent years to the thesis that many problems affecting a nation individually require for their successful solution international co-operation. It is not, for example, a satisfactory solution of the food problem for one country to import essential foods from another whose supply is already insufficient to meet its own needs. This country's pre-war importation of butter from Eastern Europe resulted in the children living there suffering a considerable deprivation of this food. At present the world production of food is inadequate. It has been estimated that two-thirds of the world's population are improperly fed. We now know what foods are essential for optimum nutrition and the conference agreed that with proper management enough could be produced for all.

The question of housing has received considerable attention in both the lay and technical press. The importance of speed in the rehousing programme is obvious. William Farr in the last quarter of the 19th century demonstrated that mortality increases progressively as the density of population per acre increases. Other workers have since shown the bad influence on health of sub-standard housing. The health statistics in regard to tuberculosis and certain acute infectious diseases are evidence that any avoidable and prolonged delay in rehousing will inevitably entail a preventable mortality and morbidity. A storm of controversy has centred round the prefabricated house. The existance of this type is, however, evidence that the necessity for speed has been fully recognised, whilst its modern equipment should stimulate a considerable improvement in that hitherto provided by local authorities in the conventional type of dwelling. There is need for a better provision of houses for the tuberculous. There should be no attempt at the segregation of those suffering from tuberculosis. Houses used for the purpose should be of similar design to that ordinarily employed by the authority. The design should, of course, comply with optimum health requirements, and the houses for persons with tuberculosis should be freely dispersed throughout the authority's area. In many instances a tuberculous person is compelled, after a long stay in a sanatorium, to return to housing conditions that are most unsatisfactory. This is neither good medicine nor sound finance. There should also be an adequate provision of houses specially designed for the aged. The principle of dispersal should again be observed so that such persons can live among familiar communities.

The present war, like the last, has been the occasion of a great increase in the incidence of gonorrhoea and syphilis. A considerable effort has been made to stem the increase by educating the public concerning the dangers of venereal disease and the necessity of obtaining immediate treatment. The subject of venereal disease is one where ignorance signifies anything but bliss. The broadcast of the Chief Medical Officer of the Ministry of Health in October, 1942, the conference held in London in February, 1943, by the Central Council for Health Education and attended by the Archbishop of Canterbury, the film sponsored by the Ministry of Information and the advertisements concerning the disease which have appeared at frequent intervals in the national press have each made an important contribution to the obliteration of the taboo attached to the mention of venereal disease in public. The problem of the prevention of the disease has many facets apart from the medical one ; moral, economic and social factors must all be taken into account.

Social medicine is now being widely discussed. Its domain is the social and environmental background of disease, and it recognises that disease may be the result of the interaction of many factors. Thus the tubercle bacillus is the specific cause of pulmonary tuberculosis, but an attack may be precipitated by inadequate feeding and over-work. No matter how perfect the health services are a nation cannot possess maximum health in the midst of inadequate housing, bad working conditions, poor feeding, economic insecurity, and ignorance of the principles of healthy living. Oxford University, with the assistance of the Nuffield Provincial Hospitals Trust, has established a department of Social Medicine. One has also been set up at Birmingham University.

The year has been marked by two events of outstanding importance to the nursing profession. The Reports of the Nurses Salaries Committee (the Rushcliffe Committee) prescribe national standards in regard to the working conditions and salaries of nurses employed by local authorities. The recommendations of this Committee have improved the lot of the majority of nurses and will, therefore, encourage recruitment to this important profession. By the Nurses Act, 1943, a roll of assistant nurses was set up under the control of the General Nursing Council. An assistant nurse is one who has not passed an examination for State Registration, but is capable of doing useful work under the supervision of a registered nurse. The Act gives a definite status to the assistant nurse. It also protects the public and the profession by enacting that only State Registered nurses or enrolled assistant nurses may use the title "Nurse." The Act also requires that agencies for the supply of nurses must be licensed by the local authority and must only supply registered nurses, enrolled assistant nurses, certified midwives and "such other classes of persons as may be prescribed."

The scheme for the payment of allowances to certain patients undergoing treatment for pulmonary tuberculosis represents the adoption of an entirely new principle. The purpose of these allowances is to encourage patients to undergo treatment in the early stage of the disease. Their payment is conditional on the patient carrying out the instructions of the Tuberculosis Officer in regard to treatment, prevention and attendance at the Tuberculosis Dispensary. Payments are limited to those persons who are considered to have a fair prospect of being able to return to normal work. There is need for a scheme of this character to cover advanced cases and cases of non-pulmonary tuberculosis. Some cases of non-pulmonary tuberculosis require prolonged hospital treatment, and the treatment of advanced cases of pulmonary tuberculosis can do much to prevent the spread of the disease. A start has been made with the provision of apparatus for the purpose of carrying out mass miniature radiography. Many cases of pulmonary tuberculosis at the time they seek treatment are too advanced to be curable. Mass miniature radiography should increase the number of cases that are diagnosed at an early and curable stage.

The Adoption of Children (Regulation) Act, 1939 became operative on the 1st June, 1943. The Act provides, among other things, for the registration of adoption societies and requires certain adopted children to be supervised by welfare authorities.

## SECTION A.—STATISTICS OF THE AREA.

### Local Statistics.

The Borough covers an area of 6,359 acres.

The Registrar-General's estimate of the resident population at mid-year 1943, was :—

| | |
|---|---|
| Population | 44,260 |
| Population (Census) 1931 | 45,317 |
| No. of inhabited houses, end of 1943 according to rate books | 13,997 |
| Rateable value | £240,863 |
| Sum represented by Penny Rate | £938 |

### Comments on Vital Statistics.

The maternal mortality rate for 1943 is the lowest on record. The return was 1.09 per 1,000 total births, and compares favourably with the 1942 figure of 2.32 and the 1943 return for England and Wales of 2.29. There was one maternal death during the year. It was the result of cardiac disease.

The Infant mortality rate of 66 per 1,000 livebirths cannot be considered satisfactory. Evidence now available indicates that it should be possible to achieve a rate in the region of 20. The public health service of itself is incapable of achieving this. Such a goal cannot be reached without an improvement in the social, educational and economic conditions of the people. R. H. Titmuss in his "Birth, Poverty and Health" has vividly illustrated the adverse affect of poor economic circumstances on the infant mortality rate. The necessity for proper training in mothercraft is urgent. Much stress has been laid on the desirability of raising the school leaving age, but comparatively little has been said on what should be done with the increased period which each child will spend at school. No system of education is complete unless it enables a girl to become proficient in mothercraft. Every girl should receive such a knowledge of cooking, housekeeping and the feeding and care of children as will enable her to run a home successfully. Improved housing and economic conditions will not of themselves exert a maximum effect on the infant mortality rate unless each mother has a sound knowledge of mothercraft. An analysis of the Infant deaths reveals that prematurity was responsible for the greatest number of deaths. 15 out of the 48 deaths were due to this cause. Special steps have been taken to increase the premature infant's chance of survival. The midwife informs the Health Department by telephone as soon as possible after attending a premature birth, and the weight of all infants is recorded on the cards used for the notification of births. Equipment, for example, cots and hot water bottles, is given out on loan when necessary. Provision is made for the routine administration of hormone and vitamin preparations and if required a quantity of pooled breast milk is obtained from the patients at the Maternity Home, who have always been very willing to help. If circumstances permit and the home conditions render it desirable a premature infant is admitted to the nursery at the Maternity Home. Precautions are taken to ensure that the infant is not exposed to harmful influences during transport. In the case of premature births the midwife attends for longer than the usual period of 14 days.

It is of great importance that expectant mothers and infants should receive a correct diet. In the case of expectant mothers investigation has shown that a proper diet diminishes the risk of certain complications arising in pregnancy and has a beneficial effect on the development of the infant. Infants fed incorrectly may suffer permanent damage which a subsequent improvement in their diet at some later period may be incapable of rectifying. During the year every opportunity has been taken at clinics and elsewhere of impressing on mothers, the importance of an adequate diet for themselves during pregnancy and for their children. The great value of milk and of the cod liver oil and fruit juices made available by the Ministry of Food has been stressed.

The live birth rate continues to be comparatively high. The rate was 19.79 per 1,000 of the population for the year 1943, which compares favourably with the figure of 16.5 for England and Wales and the figure of 19.4 for the smaller towns (population 25,000—50,000) of England and Wales. The stillbirth rate per 1,000 of population was 0.79, which represents an increase on the previous year's figure of 0.77, and is greater than the rate of 0.51 for England and Wales.

The total number of deaths from cancer shows an increase of three on the previous year's return of 70. The deaths from cancer of the buccal cavity, oesophagus, stomach, duodenum and breast are less than in 1942. The total number of deaths from cancer of sites other than these was 50, which is a considerable increase on last year's return of 34.

The death rate for the borough was 12.51 which represents a slight increase on the rate of 12.13 for 1942. The chief factor responsible for this was the greater number of deaths due to heart disease.

### STATISTICS OF THE YEAR, 1943.

**Extracts from Vital Statistics.**

| | | Male | Female | Total | |
|---|---|---|---|---|---|
| Live Births | Legitimate | 428 | 411 | 839 | Birth Rate 19.79 |
| | Illegitimate | 24 | 15 | 39 | |
| | Total .... | 452 | 426 | 878 | |
| Still Births | Legitimate | 20 | 13 | 33 | Still Birth Rate 3.83 |
| | Illegitimate | 1 | 1 | 2 | |
| | Total .... | 21 | 14 | 35 | |
| Deaths of Infants under 1 yr. | Legitimate | 35 | 22 | 57 | Infant Mortality Rate 66 |
| | Illegitimate | 1 | — | 1 | |
| | Total .... | 36 | 22 | 58 | |
| Deaths | | 282 | 272 | 554 | Death Rate 12.51 |

| | | | |
|---|---|---|---|
| Maternal Deaths | Puerperal Sepsis .... .... .... | — | Maternal Mortality Rate 1.09 |
| | Other maternal causes .... .... | 1 | |
| | Total .... .... .... | 1 | |

| | | 1943 | 1942 | 1941 | 1940 |
|---|---|---|---|---|---|
| Principal Causes of Mortality | Heart Disease .... .... .... | 95 | 67 | 69 | 123 |
| | Cancer.. .... .... .... .... | 73 | 70 | 60 | 67 |
| | Intra-cranial vascular lesions | 65 | 69 | 60 | 46 |
| | Bronchitis.... .... .... .... | 44 | 48 | 36 | 88 |

## STATISTICS OF THE AREA, 1943.

### Analysis of Infant Mortality.

| *Cause of Death* | *No.* | *Ages at Death* |
|---|---|---|
| Prematurity .... .... .... .... | 15 | 1 hr., 2 hrs., 1 day, 12 hrs., 6 hrs., 1 hr , 3 days, 30 mins., 1 day, 3 days, 8 hrs., 2 hrs., 3 wks., 1 wk., 3 wks. |
| Difficult labour .... .... .... | 1 | 15 minutes. |
| Lobar pneumonia .... .... .... | 1 | 7 days. |
| Broncho-pneumonia .... .... | 12 | 5 mths., 6 mths., 1 mth., 1 mth. 5 mths., 5 mths., 1 mth., 1 mth., 4 days, 4 mths. 10 mths., 3 mths. |
| Gastro-enteritis .... .... .... | 1 | 1 month. |
| Congenital debility .... .... .... | 3 | 1 hour, 3 days, 20 mins. |
| Pneumococcal meningitis.. .... | 1 | 2 months. |
| Acute bronchitis and enteritis.. | 1 | 5 months. |
| Asphyxia due to overlaying .... | 1 | 1 week. |
| Staphylococcal meningitis .... | 1 | 2 months. |
| Prematurity and enteritis .... | 1 | 2 months. |
| Asphyxia neonatorum .... .... | 1 | 15 minutes. |
| Acute enteritis.... .... .... .... | 2 | 7 months, 4 months. |
| Toxaemia (mother had albuminuria of pregnancy) .... | 1 | 1 day. |
| Cerebral haemorrhage .... .... | 2 | 1 month, 2 days. |
| Congenital heart disease.... .... | 3 | 3 months, 2 months, 2 months. |
| Streptococcal septicaemia .... | 1 | 3 months. |
| Meningitis (congenital meningocele).... .... .... .... | 1 | 2 weeks. |
| Icterus gravis neonatorum .... | 2 | 1 day, 2 days. |
| Congenital syphilis .... .... .... | 1 | 2 months. |
| Otitis media (gastro-enteritis) .... .... .... .... | 1 | 3 months. |
| Convulsions .... .... .... .... | 1 | 1 week. |
| Prematurity and pneumonia.... | 1 | 4 days. |
| Encephalocele .... .... .... .... | 1 | 1 day. |
| Acute bronchitis .... .... .... | 2 | 1 month, 3 months. |

## STATISTICS FOR THE AREA, 1943.

### Statistics for 1943, 1942 and the period 1938—1942

| BOROUGH OF LEIGH | Per 1000 Estimated Population | | | | Maternal Mortality Rate | | Rate of Deaths under 1 year per 1000 live births |
|---|---|---|---|---|---|---|---|
| | Live Birth Rate | Crude Death Rate | Death Rate from Respiratory Tuberculosis | Death Rate from Cancer | Rate per 1000 live births | Per 1000 total live and still births | |
| Mean of 5 years (1938 to 1942) .... | 16.36 | 12.69 | 0.51 | 1.41 | 3.49 | 3 32 | 63 |
| **Year 1942**.... .... .... .... .... | 18.30 | 12.13 | 0.57 | 1.55 | 2.42 | 2.32 | 52 |
| **Year 1943**.... .... .... .... .... | 19.79 | 12.51 | 0.27 | 1.64 | 1.14 | 1.09 | 66 |
| Increase or decrease in 1943 on 5 years average (1938 to 1942) .... .... | +3.43 | —0.18 | —0.24 | +0.23 | —2.35 | —2.23 | + 3 |
| Increase or decrease in 1943 on 1942 .... | +1.49 | +0.38 | —0.30 | +0.09 | —1.28 | —1.23 | +14 |

## STATISTICS FOR THE AREA, 1943

### Causes of Death

| | Cause of Death | Males | Females | Total |
|---|---|---|---|---|
| 1. | Typhoid fever, etc. | — | — | — |
| 2. | Cerebro-spinal fever | 1 | 1 | 2 |
| 3. | Scarlet fever | — | — | — |
| 4. | Whooping Cough | 1 | — | 1 |
| 5. | Diphtheria | 1 | — | 1 |
| 6. | Respiratory Tuberculosis | 6 | 7 | 13 |
| 7. | Other Tuberculosis | 4 | 1 | 5 |
| 8. | Syphilis | 3 | — | 3 |
| 9. | Influenza | 6 | 7 | 13 |
| 10. | Measles | 1 | — | 1 |
| 11. | Acute Poliomyelitis and Polio Encephalitis | 1 | — | 1 |
| 12. | Acute inf. encephalitis | 3 | 1 | 4 |
| 13. | Cancer—b. cav. & oesoph (M) uterus (F) | 3 | 4 | 7 |
| 14. | ,, stomach and duodenum | 3 | 4 | 7 |
| 15. | ,, breast | — | 9 | 9 |
| 16. | ,, other sites | 29 | 21 | 50 |
| 17. | Diabetes | — | 1 | 1 |
| 18. | Intra-cran. vasc. lesions | 33 | 32 | 65 |
| 19. | Heart disease | 48 | 47 | 95 |
| 20. | Other diseases of circulatory system | 8 | 7 | 15 |
| 21. | Bronchitis | 25 | 19 | 44 |
| 22. | Pneumonia | 18 | 12 | 30 |
| 23. | Other respiratory diseases | 4 | — | 4 |
| 24. | Ulcer of stomach or duodenum | 1 | — | 1 |
| 25. | Diarrhoea (under 2 years) | 3 | 1 | 4 |
| 26. | Appendicitis | 2 | 2 | 4 |
| 27. | Other digestive diseases | 4 | 17 | 21 |
| 28. | Nephritis | 6 | 7 | 13 |
| 29. | Puerperal & post abortive sepsis | — | — | — |
| 30. | Other maternal causes | — | 1 | 1 |
| 31. | Premature birth | 10 | 7 | 17 |
| 32. | Con. Mal. birth inj. Inft. dis | 9 | 7 | 16 |
| 33. | Suicide | — | — | — |
| 34. | Road traffic accidents | 2 | — | 2 |
| 35. | Other violent causes | 12 | 6 | 18 |
| 36. | All other causes | 35 | 51 | 86 |
| | TOTALS.... .... | 282 | 272 | 554 |

## STATISTICS FOR THE AREA, 1943

### Birth-rate, Death-rate, and Analysis of Mortality.

| | Birth-rate per 1,000 total population. | | Annual Death-rate per 1,000 Population. | | | | | | | | Rate per 1,000 live Births. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Live Births | Still Births. | All Causes. | Enteric Fever. | Small-pox | Measles. | Scarlet Fever. | Whooping Cough. | Diph-theria. | Influenza. | Diarrhœa and Enteritis (under 2 years). | Total Deaths under 1 Year. |
| **Leigh** ... ... ... .. | **19·8** | **0·79** | **12·51** | **0·00** | **0.00** | **0·02** | **0·00** | **0·02** | **0·02** | **0·29** | **4·55** | **66** |
| England and Wales .. ... .. | 16·5 | 0·51 | 12·1 | 0·00 | 0·00 | 0·02 | 0·00 | 0·03 | 0.03 | 0·37 | 5·3 | 49 |
| 126 Great Towns, including London (Census Populations exceeding 50,000) ... ... ... ... ... | 18·6 | 0·63 | 14·2 | 0·00 | 0·00 | 0·02 | 0·00 | 0·03 | 0·04 | 0·36 | 7·9 | 58 |
| 148 Smaller Towns (1931 Adjusted Populations 25,000—50,000) .. | 19·4 | 0·61 | 12·7 | 0·00 | 0·00 | 0·02 | 0·00 | 0·03 | 0·04 | 0·37 | 4·4 | 46 |
| London ... ... ... ... ... | 15·8 | 0·45 | 15·0 | 0·00 | 0·00 | 0·02 | 0·00 | 0·03 | 0·02 | 0·27 | 10·4 | 58 |

# SECTION B.—GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

## Staff.

The details concerning the staff of the Health Department are given on page 4. Dr. M. S. Miller, the Assistant Medical Officer of Health, resigned to take up a similar appointment at Stockport. The vacancy so created was filled by the appointment of Dr. B. Howarth.

Nurse E. Humphreys was appointed to fill the vacancy created by the resignation of Nurse A. B. Belyea. Nurse Belyea had served the borough in the capacity of Health Visitor and School Nurse for a period of approximately 27 years. Nurse M. Meacham and Nurse J. M. Stables also resigned towards the end of the year. Great difficulty has been experienced in filling these two vacancies. At the time of writing there is reason to believe that it may be possible to fill them in the near future. Nurse A. Bradley resigned her appointment as Staff Nurse at the Municipal Maternity Home in order to take up the appointment of Matron of the Leigh War-time Nursery. It has not been possible to fill seven vacancies for Staff Nurses at the Maternity Home on a permanent basis. These vacancies have been filled on a temporary basis by the appointment of nurses obtained from nursing agencies.

In November the Senior Clerk, Mr. S. Cunningham, left for service with H.M. Forces. Miss D. Overton was appointed (in January, 1944), a temporary clerk.

The Council has adopted all the recommendations of the Report of the Midwives Salaries Committee and of the Second Report of the Nurses Salaries Committee.

## Laboratory Facilities.

In previous years the bacteriological examination of throat swabs and other specimens has been carried out in the laboratory at Astley Sanatorium. Since the resignation of Dr. S. Davidson as the Medical Superintendent of the Sanatorium the examination of these specimens has been undertaken at the laboratory of the Royal Infirmary, Wigan. The revised arrangements became operative on the 5th May, 1943. Particulars of the work done at these laboratories are set out in the table on page 16.

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1943.

### Material Submitted for Bacteriological Examination.

| *Material* | *Positive* | *Negative* | *Total* |
|---|---|---|---|
| Throat Swabs— | | | |
| (*a*) C. diphtheriae .... .... .... | 13 | 87 | 100 |
| (*b*) H. streptococci .... .... .... | 1 | 13 | 14 |
| (*c*) Vincent's Angina .... .... | 1 | — | 1 |
| Nose Swabs (C. diphtheriae) .... | 3 | 17 | 20 |
| Ear Swabs (C. diphtheriae).... .... | — | 1 | 1 |
| Swabs of cervix .... .... .... .... | — | 1 | 1 |
| Faeces (pathogenic organisms) .... | 1 | 1 | 2 |
| Urine (B. Coli) .... .... .... .... | — | 1 | 1 |
| TOTAL .... .... .... | 19 | 121 | 140 |

A public analyst in Warrington has performed the phosphatase test on samples of pasteurised milk. The samples of milk for bacteriological examination, of water for chemical examination, and of blood for the Wasserman reaction are submitted to the Public Health Laboratory, Manchester.

**Ambulance Facilities.**

Two new ambulances were purchased during 1943. They each consisted of a new chassis fitted with an "austerity" type of body. The service continues to be staffed by the whole-time members of the Civil Defence Casualty Service. The ambulances covered a total distance of 39,858 miles during the year. Other details of the work done are given in the table on page 17. Cases of infectious disease are removed to hospital in ambulances provided by the Leigh Joint Hospital Board.

## GENERAL PROVISION OF HEALTH SERVICES, 1943.

### Ambulance Service.

No. of cases conveyed :—

| | |
|---|---|
| (*a*) To local institutions— | |
| Leigh Infirmary | 5756 |
| Public Assistance Institution.. | 107 |
| (*b*) To institutions outside the Borough— | |
| Manchester Royal Infirmary | 80 |
| St. Mary's Hospitals | 184 |
| Hope Hospital.... | 42 |
| Wigan Royal Infirmary | 65 |
| Salford Royal Infirmary.. | 42 |
| Bolton Infirmary | 35 |
| Manchester Royal Eye Hospital.... | 65 |
| Christie's Hospital, Manchester | 65 |
| Royal Manchester Children's Hospital | 29 |
| Other Manchester Hospitals.... | 69 |
| Other Hospitals | 34 |
| (*c*) Transport of domiciliary midwives | 205 |
| Total number of cases dealt with | 6778 |
| Mileage Covered | 39,858 |
| Petrol drawn (gallons) | 3,859 |

**Nursing in the Home.**

Three Queen's Nurses are provided by the Leigh District Nursing Association. The Association's report for the year ended 31st March, 1944 shews that the nurses paid 12,358 visits to 528 cases. The diseases nursed included 21 cases of cancer, 20 cases of cardiac disease, 31 cases of cerebral haemorrhage and 55 patients suffering from gynacological conditions. The service provided by the Association includes the loan of such articles as air rings, bath-chairs, bed rests and crutches.

## Treatment Centres and Clinics.

The clinic established for the treatment of scabies has functioned throughout the year, and continues to be run on the lines described in last year's report. A 25% emulsion of benzyl benzoate is the therapeutic agent employed, and two applications are usually given. The affected members of a household are persuaded to receive treatment simultaneously, and the unaffected ones to have an application of benzyl benzoate as a prophylactic measure. Scabies is a condition which very oftens affects several members of a household. It is futile for one member to receive treatment if the other members who are affected remain untreated In 1943, 633 patients were treated at the clinic. They consisted of 88 pre-school children, 376 school children and 169 adults.

Orthopaedic cases are sent to the Lancashire County Council's orthopaedic clinic at Tyldesley. If they require hospital treatment they are referred from this clinic to the Lancashire County Council's hospital at Biddulph Grange.

The Tuberculosis Dispensary in the Borough and the Venereal Diseases clinics for the area are staffed by the Lancashire County Council. Several tables are included in this report to illustrate the work of the various clinics of the Health Department.

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1943.

### Pre-School Children Treated at Clinics.

| *Nature of Treatment* | *Number of individual children treated* | *Number of Attendances* |
|---|---|---|
| Minor ailments | 157 | 497 |
| Ultra violet ray therapy | 36 | 692 |
| Dental | 11 | 11 |
| Orthopaedic | 12 | 15 |
| Operative (tonsils and adenoids) | 2 | 2 |
| Orthoptic | 2 | 5 |
| TOTAL | 220 | 1222 |

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1943.

### Work of Minor Ailment Clinics.

| *Defects* | *Stone House* | *Coal Pit Lane* | *Nangreaves Street* | *Chapel Street* | *Totals* |
|---|---|---|---|---|---|
| Skin diseases ......... | 105 | 89 | 85 | 461 | 740 |
| Eye ......................... | 23 | 32 | 6 | 94 | 155 |
| Ear ......................... | 30 | 42 | 21 | 99 | 192 |
| Miscellaneous (minor injuries, bruises, sores, etc.)...................... | 210 | 370 | 264 | 614 | 1458 |
| Total no. of defects | 368 | 533 | 373 | 1268 | 2545 |

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1943.

### Refraction Clinic.

*Work done*

| | |
|---|---|
| No. of children dealt with at clinic .... .... .... .... | 43 |
| No. of clinics held .... .... .... .... .... .... | 16 |
| Spectacles prescribed .... .... .... .... .... .... | 43 |
| Spectacles supplied .... .... .... .... .... .... | 43 |

*Defects found*

| | |
|---|---|
| Hypermetropia .... .... .... .... .... .... | 7 |
| Hypermetropic astigmatism .... .... .... .... .... | 17 |
| Myopia .... .... .... .... .... .... .... .... | 7 |
| Myopic astigmatism .... .... .... .... .... .... | 8 |
| Mixed astigmatism .... .... .... .... .... .... | 4 |

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1943.

### Nose, Throat and Ear Clinic.

| *Suspected Defect* | *Number of Cases referred for treatment* | *No. of Cases referred for observation* | *No. of Cases which, after investigation, did not require treatment* |
|---|---|---|---|
| Tonsils and adenoids | 151 | 3 | — |
| Adenoids | 2 | 1 | — |
| Tonsils | — | 10 | — |
| Tonsil stump | 2 | — | — |
| Otitis media | 11 | 2 | — |
| Hypertrophy of anterior turbinate bone | 1 | — | — |
| Infection of maxillary antrum | 1 | — | 3 |
| Defective hearing | 4 | — | — |
| Chronic rhinitis | 1 | — | — |
| Enlarged cervical glands | — | 1 | — |

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1943.

### Ultra Violet Ray Clinic.

| *Disease* | *School Children* | *Pre-School Children* |
|---|---|---|
| Debility | 20 | 24 |
| Bronchitis | 7 | 3 |
| Rickets | 3 | 6 |
| Chronic rhinitis | 4 | — |
| Cervical adenitis | 1 | — |
| Anaemia | 2 | 1 |
| Enteritis | 1 | — |
| Malnutrition | — | 1 |
| Acidosis | — | 1 |
| Enlarged tonsils | — | 1 |
| TOTAL | 38 | 37 |

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1943.

### Orthopaedic Clinic.

| *Defect* | *No. of Cases* | *Cases which received in-patient treatment at Biddulph Grange Orthopaedic Hospital* |
|---|---|---|
| Paralysis right leg (acute poliomyelitis) .... | 4 | One admitted 5/3/43 and discharged 8/10/43. One admitted 19/2/43 and discharged 3/9/43. |
| Paralysis right upper arm (acute poliomyelitis) .... .... .... .... | 2 | |
| Paralysis right upper arm (birth palsy).... .... | 2 | One admitted 18/9/42 and discharged 19/2/43. |
| Scoliosis .... .... .... .... | 1 | Admitted 11/12/42 and still in hospital on 31/12/43. |
| Tuberculous arthritis of hip joint .... .... .... | 1 | Admitted 11/8/42 and still in hospital on 31/12/43. |
| Infantile hemiplegia .... | 3 | |
| Spastic paraplegia .... .... | 3 | One admitted 29/1/43 and discharged 24/9/43. |
| Paralysis left leg (acute poliomyelitis) .... .... | 2 | |
| Congenital depression of sternum.... .... .... .... | 1 | |
| Flat foot .... .... .... .... | 7 | |
| Knock knee .... .... .... | 5 | |
| Torticollis.... .... .... .... | 2 | One admitted 6/8/43 and discharged 5/11/43. |
| Fibrous ankylosis of knee | 1 | |
| Defective posture .... .... | 1 | |
| Congenital dislocation of both hip joints .... .... | 1 | |
| Congenital dislocation of right hip joint .... .... | 1 | Admitted 16/10/42 and still in hospital on 31/12/43. |
| Congenital talipes valgus | 1 | |
| Peroneal muscular atrophy (pes cavus) .... | 1 | |

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1943

### Clinics held in the Borough

| Nature of Clinic. | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. | p.m. | a.m. |
| Minor Ailments | Stone Hse. Chapel St. | | Stone Hse. Nangreaves St. | | Stone Hse. Coal Pit Lane | | Stone Hse. Nangreaves St. | | Stone Hse. Coal Pit Lane | | Stone Hse. Nangreaves St. |
| Child Welfare | | Stone House | | | | Coal Pit Lane.<br>Nangreaves St. | | Chapel St. | | | |
| Artificial Sunlight | | | | Stone House | | | | | | Stone House | |
| Pre-natal | | | | Maternity H. Coal Pit Lane | | Stone House | | Nangreaves St. | | Chapel St. | |
| Refraction | | | | | | | | | | Stone Hse. | |
| Operative (Tonsils & Adenoids) | | | | | | | | | Leigh Infirmary | | |
| Scabies | Stone Hse. | | Stone Hse. | | Stone Hse. | | Stone Hse. | | Stone Hse. | | Stone Hse. |
| | | | (If necessary clinics are held at other times for the convenience of adults.) | | | | | | | | |
| Tuberculosis Dispensary | | | | | Church Street | | | | Church Street | | |
| | | | Also open on the second Thursday in each month at 6-30 p.m. | | | | | | | | |
| Nose, Throat and Ear | | | | | | | | | | | Stone Hse. fortnightly. |
| Consultant Obstetrician | | Maternity Home monthly | | | | | | | | | |
| Immunisation | Held at Stone House as required. | | | | | | | | | | |
| Orthopaedic | Held at Lancashire County Council's clinic at Tyldesley.<br>Consultant's Session—second Wednesday in each month. | | | | | | | | | | |
| Dental | Held at Stone House morning and afternoon Monday to Friday, and Saturday morning. | | | | | | | | | | |

### Availability of Clinic Facilities.

All the facilities provided for the school children of the Borough are available to pre-school children suffering from dental, orthopaedic and other defects. Dental treatment is available for expectant mothers.

### War-time Nursery.

In February, 1943, the War-time Nursery was opened. The Nursery has accommodation for 50 children. 16 of the children are able to sleep overnight at the Nursery and the remainder are taken home when their mothers finish work. The Nursery closes from Saturday afternoon till the following Monday morning, and the residential children return home for the weekend. The staff consists of a matron, deputy matron, warden and eight nursery assistants. Of the 128 children admitted during the year, 63 were under and 65 over the age of two years. The youngest child admitted was aged 2 months. Great care is taken to ensure that the children receive a correct diet. A very striking improvement is often to be observed in the nutrition of those children who, at the time of their admission, were undernourished.

### Hospitals.

The accommodation at the Municipal Maternity Home (18 beds) again proved inadequate to meet the needs of the district. During the year 165 prospective patients were refused admission owing to lack of accommodation. The number of patients refused admission in the years 1941 and 1942, was 107 and 122 respectively. The available accommodation for institutional midwifery is clearly insufficient.

The Leigh Infirmary is the only voluntary hospital in the borough. The Annual Report of the Board of Governors for the year ended 31st March, 1943, shews that 1,662 persons were admitted as in-patients and 17,353 as out-patients. The number of attendances made by the out-patients was 46,101. During the year two male wards of 8 beds each were opened. The total number of beds available at the Infirmary is now 102.

Cases of infectious disease are accommodated at Astley Sanatorium, which is administered by the Leigh Joint Hospital Board. The Council makes a payment to the Manchester Royal Eye Hospital in respect of infants from the borough admitted with Ophthalmia Neonatorum and children referred to the hospital for orthoptic therapy.

The Council also accepts financial responsibility for obstetrical emergencies and abnormalities receiving in-patient treatment at St. Mary's Hospitals, Manchester and Hope Hospital, Salford.

## Midwifery Service.

The domiciliary municipal midwives attended 351 cases in 1943. Of these 313 were delivered by the midwife and in the remaining cases she assisted the medical attendant. The midwife in private practice in the borough attended 104 cases. She assisted the medical attendant in 12 and delivered the remainder herself.

In 1939 the borough possessed a panel of home helps, who were employed as the occasion arose and paid on an hourly basis. The circumstances of war have resulted in the gradual disappearance of this panel, and up to the present all efforts to obtain new recruits have been unsuccessful. This failure to provide home helps occurs at a time when the need for them is very great. This need is accentuated by the shortage of institutional accommodation. Many mothers about to be confined have no relative or other person to look after the household for the period they must remain in bed. Therefore, the provision of a domiciliary midwife does not satisfy the requirements of such mothers unless a home help can also be provided. It would seem that until the status of the home help is raised by prescribing a course of training and paying a suitable salary few women will desire to take up this important work. Some of those interviewed at the office of the Ministry of Labour and National Service appeared to have a distorted view of the duties of home helps. They seemed to think that their sole purpose was to "clean up the mess left by the midwife" and they made it evident that they had no enthusiasm for this type of work. Properly trained home helps employed by a local authority on a whole-time basis could be of assistance in many directions apart from midwifery. They could, for example, assist in a household where the mother is confined to bed through illness. In many cases of this kind one of the older children has to remain away from school for the purpose.

During the year, 454 patients were admitted to the municipal maternity home. In suitable cases the length of stay was reduced from 14 days to between 10 and 12 days in order to make it possible to admit a greater number of patients. The table on page 26 gives details of the work done in the Home, and of the abnormalities encountered in the patients admitted. Dust-laying oils are used at the Maternity Home for the treatment of bedding and floors to diminish the risk of infection from blanket dust and floor dust.

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA. 1943.

### Abnormalities for which Domiciliary Midwives Requested Aid.

| *Nature* | *Number* |
|---|---|
| Albuminuria | 4 |
| Ante-partum haemorrhage | 10 |
| Discharge from eyes | 8 |
| Umbilical hernia (infant) | 2 |
| Delayed labour (First stage) | 15 |
| Rupture of perineum | 41 |
| Asphyxia neonatorum | 1 |
| Miscarriage | 6 |
| Abdominal pain | 1 |
| Prematurity | 16 |
| Passage of hydatidiform vesicles | 1 |
| Pyrexia (mother) | 12 |
| Uterine inertia | 2 |
| Breech presentation | 4 |
| Threatened abortion | 2 |
| Malformation of infant | 1 |
| Post partum haemorrhage | 5 |
| Extreme nervousness (mother) | 1 |
| Heart disease (mother) | 2 |
| B.B.A. | 3 |
| Imperforate urethra | 1 |
| Severe labour pains | 1 |
| Skin eruption (mother) | 2 |
| Retained placenta | 1 |
| Scabies | 1 |
| General condition unsatisfactory (mother) | 1 |
| Phimosis | 1 |
| Prolapsed cord | 3 |
| Hydramnois | 1 |
| Persistent headache | 1 |
| Malpresentation | 1 |
| Prolonged second stage | 5 |
| Premature rupture of membranes | 1 |
| Concealed haemorrhage | 1 |
| Spina bifida | 1 |
| Face presentation | 1 |
| Occipito-posterior | 1 |
| Abortion | 5 |
| Pain in legs | 1 |
| Chest trouble (mother) | 1 |
| Cloudy urine | 2 |
| Retained membranes | 2 |
| Oedema of legs | 1 |
| Doubtful pregnancy | 1 |
| Haemorrhagic disease of the newborn | 2 |
| Dangerous feebleness (infant) | 2 |
| Obstetrical shock | 1 |
| Congenital heart disease | 1 |
| TOTAL | 180 |

## GENERAL PROVISION OF HEALTH SERVICES, 1943.

### Firs Maternity Home.

| | |
|---|---|
| Patients admitted | 454 |
| Live births | 443 |
| Still births | 10 |
| Total births | 453 |
| Normal deliveries | 411 |
| Instrumental deliveries | 42 |
| Patients X-rayed | 48 |
| Mothers transferred before delivery :— | |
| To Hope Hospital, Salford | 6 |
| To St. Mary's Hospitals, Manchester | 3 |
| Mothers transferred after delivery :— | |
| To Astley Sanatorium | 5 |
| To Leigh Infirmary | 1 |
| Infants transferred :— | |
| To the Leigh Institution | 1 |
| To the Manchester Eye Hospital | 1 |

**Health Visitors.**

Five full-time Health Visitors are employed by the borough. The difficulty in filling two vacancies has already been referred to. Each Health Visitor is also a School Nurse. The table on this page summarises the work of the Health Visitors during 1943.

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1943.

### Work of Health Visitors.

| | |
|---|---|
| Visits to expectant mothers :— | |
| (*a*) First visits | 31 |
| (*b*) Total visits | 31 |
| Visits to children under 1 year of age :— | |
| (*a*) First visits | 851 |
| (*b*) Total visits | 2228 |
| Visits to children between ages of 1 and 5 years :— | |
| (*a*) First visits | 89 |
| (*b*) Total visits | 2066 |
| Total of all visits | 4325 |

### Child Life Protection.

The Health Visitors undertake the supervision and protection of children under the Public Health Act, 1936.

## SECTION C.—SANITARY CIRCUMSTANCES OF THE AREA.

### Closet Accommodation.

I am indebted to the Borough Surveyor and the Director of Public Cleansing for the following particulars regarding closet accommodation in the borough.

| | |
|---|---|
| Fresh water closets | 13,141 |
| Waste water closets | 432 |
| Privies (no water supply or sewer available) | 20 |
| Pail closets (no water supply or sewer available) | 24 |

### Public Cleansing.

The arrangements for the collection and disposal of house refuse remain the same as in previous years. The Director of Public Cleansing informs me that 14,850 moveable ashbins were emptied on 729,095 occasions.

Three hundred and sixty tons of refuse were dealt with at the destructor and 8,160 tons were delivered to tips in the borough.

### Sanitary Inspection of the Area.

(a) *Summary of Inspections.*

In connection with :—

| | |
|---|---|
| Infectious Diseases (*a*) Primary visits | 408 |
| (*b*) Re-visits | 175 |
| Slaughter-houses | 950 |
| Piggeries | 128 |
| Farms and cowsheds | 218 |
| Dairies and milk shops | 177 |
| Bakehouses | 217 |
| Common lodging-houses | 8 |
| Vans and tents | 99 |
| Offensive trades | 27 |
| Factories | 259 |
| Butchers' shops | 260 |
| Market | 115 |
| Schools | 27 |

| | |
|---|---|
| Food premises | 626 |
| Canal boats | 29 |
| Stables | 212 |
| Visits for other causes | 987 |
| Interviews | 1366 |
| Houses (nuisances) :— | |
| (*a*) Primary visits | 1398 |
| (*b*) Re-visits | 1760 |

(b) *Defects or Nuisances found.*

| | |
|---|---|
| Drains and gullies | 193 |
| Roofs and chimneys | 171 |
| Eaves and downspouts | 58 |
| Walls | 126 |
| Windows and frames | 46 |
| Doors and frames | 25 |
| Floors | 127 |
| Paving, channelling and yards | 62 |
| Closets | 128 |
| Sinks and sink pipes | 69 |
| Plaster work | 164 |
| Ashbins | 2 |
| Other defects | 104 |

(c) *Notices Served.*

| | |
|---|---|
| (*a*) Informal | 273 |
| (*b*) Statutory | 86 |

(d) *Results.*

| | |
|---|---|
| Number of defects dealt with | 1275 |
| Number of defects abated after statutory notice | 105 |
| Number of defects abated after informal notice | 876 |
| Number of defects remaining to be dealt with | 294 |

**Shops.**

During the year 75 inspections were made.

### Rats and Mice Destruction.

In last year's report the necessity of employing a rat-catcher on a whole-time basis was stressed. A full-time rat-catcher or, to use the modern appellation, rodent operative, was appointed in December, 1943. He had previously done the work in a voluntary capacity for several years. It is now possible to tackle the problem of rat and mice infestation with greater hope of success. Two rodent operatives continue to give their services voluntarily, and each of them is supplied annually with two dog licences, three ferrets and wire netting. The Rodent Officer's report for 1943 shews that 475 visits were paid to infested premises and that 1,784 rats were destroyed.

### Canal Boats.

The number of boats on the register at the end of the year, which could reasonably be believed to be in use, or available for use, was 22. Twenty-nine boats were inspected during the year, there was one infringement of the Canal Boats Acts.

### Factories, Workshops and Workplaces.

Inspection of Factories, Workshops and Workplaces. (Including inspections made by Sanitary Inspectors).

SANITARY CIRCUMSTANCES OF THE AREA, 1943.

**Factories, Workshops and Workplaces.**

| *Premises* (1) | *No. of Inspections* (2) | *No. of Written Notices* (3) | *No. of Occupiers prosecuted* (4) |
|---|---|---|---|
| Factories with mechanical power | 138 | 4 | Nil |
| Factories without mechanical power | 75 | Nil | Nil |
| Other premises | Nil | Nil | Nil |
| Total | 213 | 4 | Nil |

## SANITARY CIRCUMSTANCES OF THE AREA, 1943.

### Factories, Workshops and Workplaces.

Defects Found.

| *Particulars* (1) | *No. of Defects* *Found* (2) | *Remedied* (3) | *Referred to H.M. Inspector* (4) | *Number of offences in respect of which Prosecutions were instituted* (5) |
|---|---|---|---|---|
| Nuisances under the Public Health Acts : | | | | |
| Want of cleanliness.... | 42 | 35 | — | — |
| Want of ventilation... | — | — | — | — |
| Overcrowding............. | — | — | — | — |
| Want of drainage of floors........................ | — | — | — | — |
| Other nuisances.......... | 5 | 4 | — | — |
| **Sanitary Conveniences** | | | | |
| Insufficient............... | — | — | — | — |
| Unsuitable or defective................. | 12 | 4 | — | — |
| Not separate for sexes....................... | — | — | — | — |
| Other Offences........... | — | — | — | — |
| Total............. | 59 | 43 | — | — |

### Water Supply.

A bacteriological examination of the water supply is carried out weekly and the results have been uniformly good. Tables shewing the results of chemical analysis are included in this report. The water has plumbo-solvent properties and is treated to counteract this tendancy. It seems desirable that a definite standard should be prescribed regarding the lead content of water. The standard adopted in the United States of America of 0.01 parts per 100,000 prescribes a lower content of lead than the 0.05 parts per 100,000 which is generally accepted in this country.

## SANITARY CIRCUMSTANCES OF THE AREA, 1943.

### Examination of water samples. (parts per 100,000)

| Sample | Colour | Turbidity | Oxygen Absorbed (4 hrs. at 27° C.) | Free & Saline Ammonia (as NH 3) | Albuminoid Ammonia (as NH 3) | Nitrous Nitrogen (as NH 3) | Nitric Nitrogen (as NH 3) | Chlorides (as C 1) | Hardness, Clarke's Method | | | Reaction pH | Action on Lead 24 hours | Lead |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Temp. | Permanent | Total | | | |
| 1. | Normal | Nil | 0.031 | 0.0014 | 0.0040 | Nil | 0.08 | 1.35 | 0.0 | 5.0 | 5.0 | 6.5 | 0.16 | Slight trace |
| 2. | Normal | Nil | 0.022 | 0.0014 | 0.0026 | Nil | 0.07 | 1.45 | 0.0 | 4.5 | 4.5 | 6.5 | 0.18 | Less than 0.02 |
| 3. | Normal | Slight | 0.035 | 0.0010 | 0.0044 | Nil | 0.04 | 1.45 | 0.0 | 5.0 | 5.0 | 6.5 | 0.18 | 0.03 |
| 4. | Slightly yellow | Slight. Opalescence. (very slight). | 0.086 | 0.0034 | 0.0100 | Nil | 0.02 | 1.4 | 0.0 | 6.0 | 6.0 | 6.5 | 0.18 | Nil |
| 5. | Normal | Slight | 0.062 | 0.0012 | 0.0032 | Nil | 0.06 | 1.5 | 0.0 | 4.5 | 4.5 | 6.5 | 0.16 | 0.02 |

SANITARY CIRCUMSTANCES OF THE AREA, 1943.

**Lead Content of Water in parts per 100,000**

| *Sample (Tap)* | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| First running after standing overnight | 0.12 | 0.15 | 0.12 | 0.07 | 0.15 | 0.04 |
| After normal running of tap | 0.03 | 0.06 | 0.04 | 0.02 | 0.02 | 0.01 |

## SECTION D.—HOUSING.

No. of New Houses erected during the year.

| | |
|---|---|
| (*a*) Total (including numbers given separately under (*b*)).... | Nil |
| (i) by Local Authority.. .... .... .... .... .... .... | Nil |
| (ii) by other Local Authorities .... .... .... .... .... | Nil |
| (iii) by other bodies or persons .... .... .... .... .... | Nil |
| (*b*) With State assistance under the Housing Acts :— | |
| (i) by Local Authority.. .... .... .... .... .... .... | Nil |
| (ii) by other bodies or persons .... .... .... .... .... | Nil |

Five houses infested with bugs were disinfested with hydrogen cyanide gas. The work was done by a firm specialising in this method of disinfestation. Twenty-eight houses infested with bugs were disinfested by methods other than the use of hydrogen cyanide.

## SECTION E.—MILK AND FOOD SUPPLY.

A table is included in this report shewing the number of samples of milk taken for examination and the results obtained. It will be seen that 10 (5.17%) out of a total of 193 samples of undesignated milk contained tubercle bacilli. One sample (5.18%) out of a total of 17 samples of accredited milk submitted for examination was also found to contain tubercle bacilli. None of the samples of pasteurised or tuberculin tested milk were found to contain tubercle bacilli. The results in the case of accredited milk are particularly interesting in view of the fact that the Government's White Paper on "Measures to Improve the Nation's Milk Supply" indicates that this designation is to continue to receive official recognition in spite of the fact that it offers no safeguard against the risk of milk-borne infection by tuberculosis. The term "accredited" is a misleading one. The general public, justifiably, tend to assume that a milk which is given an official designation of this nature is safe and will not transmit infection. The year's returns shew that the percentage of the samples of accredited milk found to contain tubercle bacilli was slightly greater than in the case of undesignated milk.

For many years we have possessed in the efficient heat treatment of milk a means of ensuring the safety of this food. Pasteurisation is the method of choice because this form of heat treatment does not involve any significant impairment of the nutritive properties of the milk. If all milk intended for human consumption was pasteurised the risk of contracting milk-borne disease would be greatly reduced. Whilst tuberculin tested milk is a safeguard against milk-borne infection by the tubercle bacillus it is no safeguard against the numerous other serious illnesses which can be spread by milk. Hence it is desirable that ultimately tuberculin tested milk, in common with all other milk intended for human consumption should also be pasteurised. It has been argued that pasteurisation is undesirable because it interferes with the souring process, and so removes an index of safety. This argument is a fallacious one. The bacteria which cause milk to become sour are not pathogenic to human beings. The fact that milk is sour does not signify that it is capable of transmitting milk-borne diseases. Its capacity to do this depends entirely on whether it contains pathogenic organisms, for example, the tubercle bacillus. Some opponents of pasteurisation have laid emphasis on the production of a clean milk supply. This is undoubtedly of very great importance, but is not of itself a guarantee of freedom from pathogenic organisms. As was pointed out in last year's report pasteurisation simply involves the application of heat to milk and this is a process commonly applied to many foods.

## MILK AND FOOD SUPPLY, 1943.

### Meat Inspection.

| Animal | No. examined | No. condemned for tuberculosis | | | No. condemned for other conditions | | |
|---|---|---|---|---|---|---|---|
| | | Whole of animal | Part of animal | Total weight (lbs) | Whole of animal | Part of animal | Total weight (lbs) |
| Cows .... .... .... .... .... | 1322 | 70 | 453 | 54,203 | 16 | 394 | 17,542 |
| Cattle (excluding cows) .... | 2126 | 4 | 127 | 8,020 | — | 140 | 2,964 |
| Calves .... .... .... .... .... | 1372 | — | — | — | — | 1 | 10 |
| Sheep and lambs .... .... | 22303 | — | — | — | 12 | not available | 1,830 |
| Pigs .... .... .... .... .... | 4269 | 8 | 488 | 7,619 | 1 | 376 | 2,662 |

## MILK AND FOOD SUPPLY, 1943.

### Examination of Milk Samples.

| Designation | No. taken | NATURE OF TEST. | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Methylene Blue | | Coliform Test | | Bacterial Count | | Tubercle Bacilli | | Phosphatase Test | |
| | | Satis-factory | Unsatis-factory | Satis-factory | Unsatis-factory | Satis-factory | Unsatis-factory | Pres-ent | Abs-ent | Satis-factory | Unsatis-factory |
| Raw .... .... | 193 | 75 | 83 | 104 | 54 | — | — | 10 | 183 | — | — |
| Accredited .... | 17 | 7 | 10 | 12 | 5 | — | — | 1 | 16 | — | — |
| Tuberculin tested .... | 6 | 2 | 4 | 2 | 4 | — | — | — | 6 | — | — |
| Pasteurised.... | 34 | 21 | 13 | 25 | 9 | 21 | 13 | — | 34 | 30 | — |

## Adulteration.

Six of the 93 samples taken under the Food and Drugs Act, 1938, were found to be adulterated. Details concerning the foods sampled are contained on page 37 of this report.

There was an interesting development during the year in regard to proprietary medicines. Certain rules were adopted by the Newspaper Proprietors Association governing the terms on which advertisements for proprietary medicines would be accepted by the newspapers represented in the Association. Advertisements leading one to believe that the medicine or treatment would be effective in the treatment or prevention of Bright's desease, cancer, tuberculosis or consumption, diabetes, epilepsy, fits, locomotor-ataxia, cataract, glaucoma, disseminated sclerosis, osteo-arthritis, spinal, cerebral and venereal diseases, lupus or paralysis, or for the cure of amenorrhoea, hernia, blindness, rheumatoid arthritis, structural or organic ailments of the auditory system will not be accepted by these newspapers, nor will an advertisement be accepted which offers to treat any of these diseases by correspondence or which offers to diagnose disease by correspondence. Among the other rules adopted by the Association is one banning advertisements containing information which is exaggerated or distorted in such a way as to convey a false impression. This is the first occasion on which the national press has attempted any control over the claims made by on behalf of proprietary medicines. The action is a most laudable one. Many proprietary medicines besides being worthless and unduly expensive, do harm in so far as they are the cause of delay in obtaining the appropriate medical treatment. Even those which are capable of relieving symptoms may still be harmful because they give temporary relief to the sufferer without in any way effecting a cure of the disease causing the symptoms. This may obviously result in the patient's condition being so advanced when he seeks medical treatment as to render the prospect of cure a poor one.

The Pharmacy and Medicines Act, 1941, contains provisions regarding the prohibition of advertisements in connection with the treatment of the first nine of the diseases mentioned above. These provisions go some way to prevent sufferers from these complaints wasting time and money taking remedies and undergoing treatment which cannot possibly effect a cure. It should be noted, however, that there is nothing in this Act or elsewhere to prevent the treatment by persons who are not registered medical practitioners, of certain diseases, for example, cataract by methods which are futile so far as the cure of the disease is concerned but which, nevertheless, lead the victim to believe he is undergoing effective therapy. This Act also requires the disclosure of the composition of proprietary medicines. The value of this provision is debatable

A label containing a lengthy list, written in Latin, of substances of no particular therapeutic value, tends to impress the layman to a greater extent than would have been the case if no disclosure of contents had been made. If, however, the disclosure of contents was accompanied by their price the impression on the purchaser might be of a somewhat different character.

## MILK AND FOOD SUPPLY, 1943.

**Samples taken — Food and Drugs, Act, 1938.**

| *Article* | *Number examined* | | | *Number adulterated or otherwise giving rise to irregularity* | | |
|---|---|---|---|---|---|---|
| | *Formal* | *Informal* | *Total* | *Formal* | *Informal* | *Total* |
| Baking Powder | — | 1 | 1 | — | — | — |
| Butter | 1 | — | 1 | — | — | — |
| Camphorated Oil | — | 1 | 1 | — | — | — |
| Composition Essence | — | 2 | 2 | — | — | — |
| Custard Powder | 1 | — | 1 | 1 | — | 1 |
| Fish Cakes | 2 | — | 2 | — | — | — |
| Fish Canned (Perchines) | — | 1 | 1 | — | — | — |
| Flour, Self-Raising | — | 1 | 1 | — | — | — |
| Gelatine | — | 3 | 3 | — | — | — |
| Health Salts | — | 1 | 1 | — | — | — |
| Iodine Paint | — | 1 | 1 | — | — | — |
| Jam | — | 2 | 2 | — | — | — |
| Lem Cordial | — | 1 | 1 | — | 1 | 1 |
| Lemonade Crystals | — | 1 | 1 | — | — | — |
| Lemon Nectine | 1 | — | 1 | — | — | — |
| Lemon Flavouring | 1 | — | 1 | — | — | — |
| Lemon Cheese | — | 1 | 1 | — | — | — |
| Milk | 59 | — | 59 | 2 | — | 2 |
| Milk, Appeal-to-Cow | 2 | — | 2 | — | — | — |
| Mincemeat | — | 1 | 1 | — | — | — |
| Mushroom Ketchup | — | 1 | 1 | — | — | — |
| Phos-Vita Tonic | 1 | — | 1 | 1 | — | 1 |
| Salad Oil | — | 1 | 1 | — | — | — |
| Sausages | 2 | — | 2 | — | — | — |
| Seidlitz Powders | — | 1 | 1 | — | 1 | 1 |
| Tartaric Acid | — | 1 | 1 | — | — | — |
| Vinegar | 2 | — | 2 | — | — | — |
| TOTALS | 72 | 21 | 93 | 4 | 2 | 6 |

## MILK AND FOOD SUPPLY, 1943.

### Adulterated Samples — Food and Drugs Act, 1938.

| *Serial No.* | *Article* | *Whether Formal Informal or Private* | *Nature of Adulteration or irregularity* | *Observations* |
|---|---|---|---|---|
| 461 | Custard Powder | Formal | Did not contain prepared starch. | Ministry of Food were notified. |
| 470 | Milk | Formal | Contained 1 per cent. of added water. | Further samples advised. |
| 484 | Lem Cordial | Informal | Contained no ascorbic acid. | Withdrawal from sale suggested. |
| 510 | Milk | Formal | Deficient 20 per cent fat. | Fined £10 including £1/11/6 costs and 4/- fees. |
| 515 | Phos-Vita Tonic | Formal | Contained : Quinine Sulphate 0.7 grain per fluid ounce. Phosphates calculated as Phosphoric Acid, 1.2 grains per fluid ounce. Tartaric Acid calculated as Tartrates, 0.7 grain per fluid ounce. | No further action taken, as this was last bottle in the shop. |
| 518 | Seidlitz Powders | Informal | One white paper contained only 1.52 grams of Tartaric Acid. According to the British Pharmacopoeia 1932, the weight should be 2.5 grams. | Matter was discussed with the manufacturers, who agreed to adjust the weights. Further samples have been taken and were satisfactory. |

# SECTION F.—PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE.

The number of notified cases of diphtheria continues to shew a decrease. There were 46 cases notified in 1943, compared with 48 in the previous year. It has been estimated that an immunised child is 12 times less likely to contract the disease than a child who has not been immunised, and is 100 times less likely to die should it contract diphtheria. The disease is a most dangerous one, and parents who do not avail themselves of the facilities available for immunisation are subjecting their children to a serious risk. One child died from diphtheria during 1943. The child had not been immunised. There were three deaths from the disease in 1942 and in none of these cases had the child been immunized.

The incidence of whooping-cough shows no considerable change. There were 78 cases compared with 76 in 1942. Facilities are available for immunisation. The disease was responsible for one death.

There were 172 cases of measles during 1943, which represents a considerable decrease on the previous year's return of 450. The table on page 42, shewing the incidence of diphtheria, scarlet fever, pneumonia, measles and whooping-cough since 1940 illustrates the tendency of measles to become epidemic in alternate years.

The mortality from respiratory tuberculosis in 1943 has shewn a big reduction. There were 13 deaths due to this cause. The number of deaths in 1942 was 26. The incidence of the disease, however, has shewn little change. There were 34 notified cases in 1943 and 33 in 1942. The incidence of non-respiratory tuberculosis increased during the year. The number notified in 1943 was 13 and in 1942 it was 9. The deaths from this form of the disease shewed a slight decrease there being 5 in 1943 compared with 6 in the previous year.

The table on page 41 shews the incidence and mortality of tuberculosis since 1939. Two out of 18 deaths from tuberculosis had not been notified. The notification of tuberculosis in the borough is reasonably efficient.

Scabies became a notifiable disease in the borough on the 3rd. July, 1943. The age and sex incidence of the condition is given in the table shewing the incidence of infectious diseases other than tuberculosis. It will be seen that 279 cases were notified in the last six months of the year. The total incidence was greatest for children aged from 5—10 years. The total incidence was greater for females than for males. 161 females were notified as suffering from the disease compared with 118 males.

## PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE, 1943.

### Incidence of Notifiable Diseases (other than Tuberculosis)

| Disease | Under 1 | | 1 | | 2 | | 3 | | 4 | | 5 | | 10— | | 15— | | 20— | | 35— | | 45— | | 65 & over | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| Scarlet Fever .... .... | — | — | 2 | 1 | 6 | 4 | 5 | 2 | 5 | 14 | 28 | 19 | 4 | 10 | 1 | 2 | — | — | — | 1 | — | — | — | — | 51 | 53 |
| Diphtheria .... .... | — | — | — | — | 1 | — | 1 | — | 2 | 3 | 6 | 12 | 2 | 5 | 1 | 4 | 2 | 6 | — | — | — | 1 | — | — | 15 | 31 |
| Measles .... .... .... | 7 | 6 | 10 | 9 | 11 | 19 | 9 | 15 | 15 | 30 | 22 | 19 | — | — | — | — | — | — | — | — | — | — | — | — | 74 | 98 |
| Whooping Cough .... | 3 | 8 | 4 | 8 | 6 | 12 | 8 | 7 | 7 | 2 | 5 | 8 | — | — | — | — | — | — | — | — | — | — | — | — | 33 | 45 |
| Pneumonia .... .... | 3 | 4 | 4 | 3 | 4 | 4 | 2 | 4 | 4 | 1 | 6 | 6 | 1 | — | 3 | 2 | 6 | 7 | 3 | 3 | 12 | 10 | 5 | 4 | 53 | 48 |
| Puerperal pyrexia .... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 13 | — | 4 | — | — | — | — | — | 17 |
| Cerebro spinal fever .... | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | 1 | — | — | — | 3 | — |
| Dysentery .... .... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | — | 1 |
| Ophthalmia Neonatorum .... | 13 | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 13 | 2 |
| Erysipelas .... .... | — | — | — | — | — | — | — | — | — | — | 1 | — | 1 | — | — | — | — | 1 | — | 2 | 5 | 4 | 1 | 3 | 8 | 10 |
| Scabies(only notifed from 3rd. July 1943 .... | 4 | 3 | 4 | 5 | 8 | 2 | 3 | 6 | 1 | 10 | 39 | 26 | 16 | 38 | 11 | 11 | 15 | 42 | 8 | 11 | 8 | 6 | 1 | 1 | 118 | 161 |

## PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE, 1943.

### Incidence and Mortality of Tuberculosis

| Age periods | NEW CASES | | | | DEATHS | | | |
|---|---|---|---|---|---|---|---|---|
| | Respiratory | | Non-respiratory | | Respiratory | | Non-respiratory | |
| | M. | F. | M. | F. | M. | F. | M. | F. |
| Under 1 year .... | — | — | — | — | — | — | — | — |
| 1 year .... .... | — | — | 2 | 1 | — | — | 1 | — |
| 5 ,, .... .... | — | — | 2 | — | — | — | — | — |
| 10 ,, .... .... | — | — | 1 | 1 | — | — | 1 | — |
| 15 ,, .... .... | 2 | 2 | — | 1 | 1 | 2 | — | — |
| 20 ,, .... .... | 1 | 4 | — | — | 1 | 1 | 1 | 1 |
| 25 ,, .... .... | 7 | 1 | 3 | 1 | — | 2 | — | — |
| 35 ,, .... .... | 4 | 5 | — | 1 | 2 | 2 | — | — |
| 45 ,, .... .... | 3 | 1 | — | — | 1 | — | 1 | — |
| 55 ,, .... .... | 3 | — | — | — | 1 | — | — | — |
| 65 and upwards.. | — | 1 | — | — | — | — | — | — |
| Totals .... .... | 20 | 14 | 8 | 5 | 6 | 7 | 4 | 1 |
| | 34 | | 13 | | 13 | | 5 | |

## PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE, 1943.

### Incidence and Mortality of Tuberculosis, 1939–1943.

| | 1939 | 1940 | 1941 | 1942 | 1943 |
|---|---|---|---|---|---|
| Notified cases— | | | | | |
| (*a*) Respiratory.......... | 35 | 35 | 29 | 33 | 34 |
| (*b*) Non-respiratory.. | 16 | 16 | 14 | 9 | 13 |
| Deaths— | | | | | |
| (*a*) Respiratory.......... | 19 | 31 | 20 | 26 | 13 |
| (*b*) Non-respiratory.. | 4 | 4 | 2 | 6 | 5 |

## PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE, 1943.

### Incidence of Certain Infectious Diseases (1940 to 1943)

| | 1940 | 1941 | 1942 | 1943 |
|---|---|---|---|---|
| Diphtheria .... .... .... | 178 (11) | 63 (18) | 72 (24) | 63 (17) |
| Scarlet Fever .... .... | 77 (2) | 116 (3) | 90 | 111 (7) |
| Pneumonia .... .... .... | 101 | 55 | 64 | 102 (1) |
| Measles .... .... .... .... | 1330 | 21 | 450 | 172 |
| Whooping Cough.... .... | 92 | 108 (3) | 76 | 78 |

The figures in brackets are the number of cases in which the diagnosis was subsequently altered.

**Infestation by Head Lice.**

Efforts continue to be made to deal with infestation by the head louse. Written instructions are issued to the parents of affected children. Lethane oil is used for the purpose of treatment and when required nit combs are available on loan. There was a slight improvement in the cleanliness of school children during the year. 1,299 school children were found to be infested with the head louse in 1943. In 1942, the number was 1,360.

During the year 22 (25.5%) of the 86 school children and 15 (31.9%) of the 47 pre-school children admitted to the infectious disease hospital were infested with the head louse at the time of their admission. This represents an improvement on 1942 when 54 (52.9%) of the 102 school children and 17 (31.5%) of the 54 pre-school children admitted to this hospital were infested.

36 (38.1%) out of the 142 children admitted to the War-time Nursery in 1943 had some degree of infestation of the head louse. The incidence of infestation was greater for girls than for boys. 23 (35.9%) of the 64 girls and 13 (20.3%) of the 64 boys admitted were infested at the time of their admission.

## Health Propaganda.

Considerable attention has been given to the question of health propaganda during the year, posters prepared by the Central Council for Health Education and dealing with diphtheria, venereal diseases, tuberculosis, influenza, measles, fresh air and exercise, care of the teeth and cleanliness were displayed in the town. Leaflets dealing with a variety of topics were distributed from the clinics and the Health Department.

The Ministry of Health has initiated a national campaign advising parents to have their children immunised against diphtheria. Steps were taken locally to persuade parents of the wisdom of this advice. The parents of each child approaching its first birthday receive a communication from the Health Department setting forth the importance of, and facilities for, immunisation. Once a year a similar communication is addressed to the parents of every child who has not responded to the first appeal until the child is immunised or attains the age of five years. The parents of each school child who has not been immunised are also advised every year by letter to have the child immunised. The Health Visitors in the course of their duties continually impress upon parents the advantages of immunisation. The local pharmacists have exhibited posters advocating immunisation and distributed informative leaflets from their premises. In addition, slides have been exhibited at the local cinemas and advertisements inserted in the local press. A total of 835 children were immunised during 1943. Of these 322 were under the age of five years and the remainder were school children. If immunisation is to achieve its aim of reducing the incidence of diphtheria to negligible proportions it is necessary that the vast majority of parents should allow their children to be immunised.

Local efforts were made to assist the national campaign in regard to venereal disease. Posters have been displayed locally and the film "Subject for Discussion" was shewn in one of the local cinemas under the auspices of the Ministry of Information. This film was preceded by a talk on venereal disease given by the Medical Officer of Health of the borough.

Before concluding I would like to place on record my thanks to the Chairmen and Members of the Health and Maternity and Child Welfare Committees and the members of the staff of the Health Department for their help and co-operation.

I have the honour to be,
Your obedient Servant,
H. J. PETERS.